

SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM
Applicant's Confidential Statement of Income

Enrollment

Re-certification

The information contained in this Confidential Statement of Income is used only by the SCSEP staff to determine eligibility for enrollment/re-certification in the SCSEP. Annual family income must be determined by computing the annualized includable income for the **6 OR 12 months** preceding application or certification for continued enrollment. **Eligibility determination must be based on the calculation that is most beneficial to the applicant. (SEE PAGE 2)**

Applicant/Participant Name					Family (household) size					
INCOME	<i>Participant</i>		<i>Spouse</i>		<i>Family</i>		<i>Other</i>		<i>Total Family Income</i>	
	6 month	12 month	6 month	12 month	6 month	12 month	6 month	12 month	6 month	12 month
Earnings from work (gross)										
Social Security (<i>75% of amount received under Title II</i>)										
Survivor benefits										
Pension or retirement income										
Interest										
Dividends										
Rents, royalties, estates and trusts										
Educational assistance										
Alimony										
Financial assistance from outside the household										
Other incomes										
TOTALS										

Definitions and Explanations for all of the above-cited incomes are detailed in the Department of Labor Training and Employment Guidance Letter (TEGL) No. 12-06 Attachment I: CPS Income Definitions and Explanations and Attachment II: Procedures for Computing Annual Family Income to Determine Income Eligibility for SCSEP.

Name of Family Members in household	Relationship	Age

SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM
Applicant's Confidential Income Computation

Participant's name _____

INCOME COMPUTATION

*Annual household income must be computed by counting the includable income received by the individual during the annualized income for the 6-month period ending on the date of SCSEP application **OR** the includable income received by the individual during the 12-month period ending on the date of SCSEP application.*

• **6 Month Annualized Method**

Total family six month income = _____

Multiply six month total family income by two (2) = _____ (Annualized)

Compare annualized total family income to current income eligibility guidelines.

• **12 Month Method**

Total family twelve month income = _____

APPLICANT'S CERTIFICATION: I declare that the information reported on this statement, to the best of my knowledge, is true, correct and complete.

Participant's Signature: _____ Date: _____

Reviewed by: _____ Date: _____

Privacy Act Statement

Section 6311 of title 5, United States Code, authorizes collection of this information. The primary use of this information is by the SCSEP to determine eligibility. Additional disclosures of this information may be used for quality improvement.

Public Law 104-134 (April 6, 1996) requires that any person doing business with the Federal government furnish a social security number or tax identification number. This is an amendment to title 31, Section 7701. Furnishing the social security number, as well as other data, is voluntary, but failure to do so may delay or prevent action on the application. If your agency uses the information furnished on this form for purposes other than those indicated above, it may provide you with an additional statement reflecting those purposes.